



## Healthy Norfolk Action Plan 2012-2015

**Vision:** “Achieving excellent quality of life by promoting and supporting safe, healthy and active living in Norfolk.”

**Mission:** “Through community collaboration, Healthy Norfolk will support health and well-being by actively promoting healthy policies, environmental change and education.”



City of Norfolk  
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## Overview

In late 2011, the City launched a new initiative called **Healthy Norfolk**. Healthy Norfolk is an initiative to improve health and wellness throughout the City of Norfolk through partnerships and community collaboration. As an inclusive effort, Healthy Norfolk is supported by a Steering Committee and a Planning Team, which are made up of representatives from a wide range of organizations. To have a lasting impact on our community's health, the guiding principles for Healthy Norfolk include:

- Undertaking a comprehensive, long-term strategy to promote health,
- Grounding City efforts in a comprehensive, citywide wellness plan, and
- Focusing on policy, systems and environmental change.

After conducting background research and reviewing recommendations and best practices from public health organizations, our first step was to convene a Planning Team made up of City staff and other organizations interested in furthering the goal of a Healthy Norfolk. The Planning Team developed a vision and mission for Healthy Norfolk:

**Vision:** *"Achieving excellent quality of life by promoting and supporting safe, healthy and active living in Norfolk."*

**Mission:** *"Through community collaboration, Healthy Norfolk will support health and well-being by actively promoting healthy policies, environmental change and education."*

The Planning Team also developed the following goals:

- Create a steering committee.
- Conduct an assessment of existing programs, policies and systems related to healthy behaviors.
- Create a plan to increase awareness of healthy opportunities.
- Develop a citywide wellness plan with goals and objectives focusing on policy, systems and environmental change.
- Implement the citywide wellness plan.

The next step was convening a Steering Committee, made up of high-level officials, to serve as champions and provide guidance to the overall process.

Group	Role
Healthy Norfolk Steering Committee	<i>Be the champions of Healthy Norfolk</i> <i>Be a sounding board for possibilities</i> <i>Network with community partners</i> <i>Implement healthy programs and policies</i>
Healthy Norfolk Planning Team	<i>Develop a strategy and milestones</i> <i>Review data</i> <i>Make recommendations</i> <i>Write wellness plan</i>

Partner Organizations	
City of Norfolk	Norfolk Redevelopment & Housing Authority
Bon Secours	Norfolk Southern
Children’s Hospital of the King’s Daughters	Norfolk State University
Eastern Virginia Medical School and Consortium for Infant and Child Health	The Planning Council
Hampton Roads Chamber of Commerce	Portfolio Recovery Associates
Hampton Roads Transit	Sentara
Norfolk Department of Public Health	Tidewater Community College
Norfolk Public Schools	WHRO
	YMCA of South Hampton Roads

### Our Focus

The focus of Healthy Norfolk is on *healthy eating, active living and reducing exposure to tobacco smoke*. This focus is in line with recommendations from public health organizations, including the Centers for Disease Control, because these factors can have a significant impact on the incidence of chronic disease and the overall health of a population.

Our focus is also on *policy, systems, and environmental change*. This focus recognizes that healthy lifestyles are not just about individual choices. We need options so that making healthy choices is easy, so that the “healthy choice is the easy choice”.

Type of change	What it means	Examples
Policy change	Laws, ordinances, resolutions, mandates, regulations, or rules	Agreements between cities and schools to allow the public to use school facilities like tracks or gyms; Policies requiring healthy food options in workplaces
Systems change	Changes that impact all elements of an organization, institution, or system	Changing bus routes to increase access to recreation facilities or grocery stores
Environmental change	Physical or material change to the economic, social, or physical environment	Incorporating bike lanes and sidewalks into community design and development plans

### Planning Process

The development of the Healthy Norfolk Action Plan began with a review of health statistics for the City’s population, collection of input from stakeholders, and review of other citywide plans. The other citywide plans are the City’s Comprehensive Plan (PlaNorfolk2030), the Citywide Priority Plan, and the Recreation, Parks and Open Space Master Plan. The goals in this plan align with, and often echo, those in the other plans.

### Current Health Statistics

One primary source of data is the *County Health Rankings* project, which provides data on health outcomes and health factors for each county in the nation. The rankings are published by the University

of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. They are based on the latest data publically available for each county. The rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births.<sup>1</sup>

In the 2012 rankings, Norfolk ranks **106<sup>th</sup> out of 132** localities in Virginia for health outcomes. Health outcomes are mortality – premature death – and morbidity – poor physical and mental health days. Norfolk ranks **121<sup>st</sup> out of 132** localities in Virginia for health factors. Health factors are health behaviors – such as adult smoking and adult obesity – clinical care, social and economic factors, and physical environment. A few examples are listed in the table below.

Measure	Definition	Norfolk	Virginia	U.S. Benchmark*
Premature Death	<i>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</i>	<b>10,841</b>	6,729	5,466
Adult Smoking	<i>Percent of adults that report smoking &gt;= 100 cigarettes and currently smoking</i>	<b>25%</b>	19%	14%
Adult Obesity	<i>Percent of adults that report a BMI &gt;= 30</i>	<b>33%</b>	28%	25%
Percent of Uninsured Adults	<i>Percent of population under age 65 without health insurance</i>	<b>18%</b>	14%	11%
Limited Access to Healthy Foods	<i>Percent of population who are low-income and do not live close to a grocery store</i>	<b>10%</b>	7%	0%
Access to Recreation Facilities	<i>Rate of recreational facilities per 100,000 population</i>	<b>9%</b>	11%	16%

\* 90th percentile

Other data on Norfolk's population such as life expectancy, chronic disease rates, cancer rates, birth rates, social indicators, and the food environment has been prepared by a member of the Planning Team and was reviewed during the planning process (see appendix for a summary).

### Steering Committee Input

Members of the Steering Committee completed a survey composed of questions from the ENACT assessment tool, developed by the Prevention Institute. This assessment tool asked questions about the policies in place at the members' organizations and what priority is placed on these policies. The assessment tool covered keys sectors in the community such as after-school, child care, workplace, healthcare, as well as the community-at-large. The results are summarized below into strengths and weaknesses.

<sup>1</sup> County Health Rankings, <http://www.countyhealthrankings.org/about-project/background>, Nov. 15, 2012.

Strengths and Opportunities	Weaknesses
<ul style="list-style-type: none"> <li>• Many opportunities for physical activity and play for children</li> <li>• Opportunities for safe recreation are a high priority</li> <li>• Schools have food policies focusing on nutrition and health</li> <li>• Physicians communicate regularly regarding physical activity and healthy eating habits</li> </ul>	<ul style="list-style-type: none"> <li>• Agreements between cities and schools to allow the public to use school facilities like tracks or gyms are not currently well developed</li> <li>• Local food options, such as community gardens and farmer's markets, are not currently well developed</li> <li>• There is little encouragement for using the stairs at workplaces</li> <li>• Many workplaces do not reimburse employees for preventative health and wellness activities</li> <li>• There is little attraction of grocery stores to underserved areas</li> <li>• There are limited transportation options to supermarkets and other large food outlets</li> </ul>

### Community Input

We held three “community conversations” in June 2012 at three locations across the City and invited residents to attend. The questions posed to the participants were: “What are the things that make Norfolk a healthy city related to healthy eating and being physically active?” “What barriers do you have to eating healthy and being physically active in Norfolk?” and “What things would you like to see changed over the next 5 years to make Norfolk a healthy city?” While attendance was low, those who did attend the conversations provided valuable comments and some general themes emerged. We also provided an online survey with the same questions and received close to 100 responses. The results are summarized below into strengths and weaknesses.

Strengths and Opportunities	Weaknesses
<ul style="list-style-type: none"> <li>• Many recreation centers throughout the City</li> <li>• City is beginning to be more bike-friendly</li> <li>• Year-round farmer's market</li> <li>• Community gardens</li> <li>• Many opportunities for outdoor activity</li> <li>• Opportunities for partnerships and coordination of efforts</li> <li>• Opportunities to increase awareness and provide information on resources</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy food is too expensive (in perception and in reality)</li> <li>• Lack of knowledge about opportunities, like recreation centers or classes</li> <li>• Difficult to walk or take public transit to places</li> <li>• Work still needed to be bike-friendly</li> <li>• Recreational opportunities or facilities are unaffordable</li> </ul>

### Development of Goals and Objectives

Using the health data, stakeholder input, and other citywide plans, the Planning Team developed goals and objectives during a series of strategic planning sessions. These goals and objectives, and their associated performance measures, compose the Healthy Norfolk Action Plan, which covers our work for the next three years. There are three goals, one covering each focus area of physical activity, healthy

eating, and tobacco smoke exposure. The objectives incorporate efforts already underway as well as opportunities for new activities.

<b>Goals</b>	Broad statements of measurable outcomes to be achieved on behalf of customers.
<b>Outcome Measures</b>	Indicators that assess progress toward accomplishment of goals.
<b>Objectives</b>	Statements of what must be done well, or barriers that must be overcome to achieve a specific goal.
<b>Intermediate Measures</b>	Indicators that assess progress toward accomplishment of objectives.



## Action Plan

Goal: Increase Access to Active Lifestyles*		
Outcome Measures: Adult obesity rate, adult diabetes rate, citizen ratings on walking and biking ease and availability, access to recreational facilities		
Objectives	Measures	Timeframe
Promote the adoption of a formal <a href="#">complete streets policy</a> ** a) Work with key stakeholders to draft a policy b) Identify best practices and incorporate health benefits into message c) Showcase a pilot complete streets project; tie this into a safe routes to school program	Policy adopted	FY 2013-2014
Promote programs designed to increase physical activity for school aged children a) Meet with NPS and inventory current resources and programs b) Implement a pilot <a href="#">safe routes to school program</a> ** c) Implement <a href="#">jump rope program</a> at selected sites	Program participation for school aged children; % increase in safe routes to school programs	FY 2013-2014
Promote programs and partnerships that support active lifestyles a) Implement <a href="#">stairwell promotion program</a> at selected sites b) Support the development of <a href="#">workplace wellness</a> programs c) Explore a bike share program for downtown d) Promote school sites that are open to the public, like <a href="#">tracks</a> or gyms, and work to expand city-schools joint-use agreement to new sites e) Catalog resources for physical activity and provide it as an online resource	% increase in locations with stairwell programs; increase in the extent of wellness policies/practices; % increase in programming held in school facilities	FY 2013
Engage neighborhoods and communities in developing walking programs a) Hold Walking Action Workshop with <i>America Walks</i> b) Develop action plan in the workshop	Participation numbers	FY 2013

Goal: Increase Access to Healthy Eating*		
Outcome Measures: Adult obesity rate, adult diabetes rate, citizen ratings on quality food availability, percent of population with limited access to healthy food		
Objectives	Measures	Timeframe
Increase prevalence of community gardens, farm stands and fresh produce in neighborhoods <ul style="list-style-type: none"> <li>a) Develop policies and guidelines for <a href="#">community gardens</a></li> <li>b) Explore possible sponsorship of community gardens</li> <li>c) Identify barriers to expanding farm stands in neighborhoods</li> <li>d) Provide educational information about the cost and access to healthy foods</li> </ul>	% increase in gardens/farm stands; Guidelines completed	FY 2013
Support breastfeeding acceptance and lactation program development <ul style="list-style-type: none"> <li>a) Implement <a href="#">business case for breastfeeding</a> project at selected sites</li> <li>b) Implement <a href="#">breastfeeding welcome here</a> project at selected sites</li> </ul>	% increase in sites with breastfeeding projects	FY 2013-2014
Partner with organizations to develop and implement healthy food policies/guidelines <ul style="list-style-type: none"> <li>a) Increase healthy food options in city-owned buildings</li> <li>b) Provide support and information to groups to develop guidelines</li> <li>c) Recognize and celebrate organizations and community groups</li> </ul>	% increase in city-owned buildings with healthy vending options; % increase in organizations with healthy food guidelines	FY 2014
Goal: Reduce Exposure to Tobacco Smoke		
Outcome Measures: Adult smoking rate		
Objectives	Measures	Timeframe
Implement policies to reduce tobacco use among youth and adults <ul style="list-style-type: none"> <li>a) Explore a tobacco pricing policy</li> <li>b) Explore a littering fine increase</li> <li>c) Implement voluntary compliance signage at city-owned buildings</li> </ul>	% increase in sites with voluntary signage; % increase in smoke-free policies	FY 2013-2015
Increase education and awareness about smoking cessation services and treatments <ul style="list-style-type: none"> <li>a) Provide information about free services and state quit line on website</li> <li>b) Continue Public Health anti-smoking campaign</li> </ul>	% increase in calls to state quit line	FY 2013-2015



Objectives	Measures	Timeframe
Explore the adoption of a smoke-free policy for public housing a) Continue working with NRHA to develop a policy	Policy adopted	FY 2015

\* Items that are citywide objectives in the City's Priority Plan

\*\* Items that are objectives in the strategic plan of the Bicycle and Pedestrian Trails Commission

## Appendix

### Data Snapshot, Community Health Statistics

- The universal measure of population health is **life expectancy**. While Norfolk residents' life expectancy (LE) has consistently increased since 1987, it ranks in the bottom quartile for Virginia counties and cities. In 2007 Norfolk male LE was 70.9 years (US 75.6, VA 75.8) and female LE was 77.5 (US 80.8, VA 80.7). A significant disparity exists between White and Black races: On average, Norfolk White male LE is greater than Black male LE by 6.4 years; and White females live longer than Black females by 5.5 years.
- **Tobacco use** continues to be the leading cause of early death and disability and yet 24% of Norfolk adults continued to smoke in 2010, a high rate compared to Virginia (20%) and U.S. (15%) benchmark rates.
- The number two cause of early death and disability is **obesity**. Rates of adult overweight (62.4%) and obesity (28.9%) in Norfolk (2005-2007) are underlying health indicators for chronic diseases such as type 2 diabetes, high blood pressure, high cholesterol, heart disease and some cancers. Our averages are greater than state (61.6%, 25.2%) reference rates.
- **Excessive drinking** among Norfolk adults (19%) is twice the national reference rate (8%).
- **Low birth weight** is of particular concern in Norfolk, with 10.6% (2010) of babies born with low birthweight, compared to the state average of 8.2% and the national benchmark of 6.0%.
- **Sexually transmitted infections** in 2010 (1,078) are a significant issue among Norfolk adults compared to the national reference rate (83).
- In addition, Norfolk's **teen birth rate** of 61 per 100,000 female population ages 15 – 19 (2010), is alarmingly high: nearly triple the national reference rate of 22 per 100,000, and nearly double the state reference rate of 31 per 100,000 female population.